

State Fire Assistance Grant Application

FOR OFFICIAL USE ONLY	
State Submitting Project:	
State Priority Number:	
Dollar Amount Requested:	\$0.00
Matching Share:	\$0.00

*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

1	Applicant Information	
	Applicant:	
	Contact Person:	
	Address:	
	City/Zip Code:	
	Phone (Work/Cell):	
	Email:	
	Fax:	
	Federal Tax ID\DUNS #:	

2	Project Information	
	Name of Project:	
	Community Name:	
	County(ies):	
	Congressional District:	
	Latitude:	Longitude:

3	Total Project Expense				
	Budget Detail (Provide additional information in Block 4)	Grant Share (\$ Amount Requested)	Match		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:				\$0.00
	Fringe Benefits:				\$0.00
	Travel:				\$0.00
	Equipment:				\$0.00
	Supplies:				\$0.00
	Contractual:				\$0.00
	Construction:				\$0.00
	Other:				\$0.00
	Indirect Costs:				\$0.00
	TOTAL:	\$0.00	\$0.00	\$0.00	\$0.00

4	Budget Narrative		
5	The Project		
6	Relation to Forest Action Plan/CWPP		

7	Proposed Activities	

8	Landscape	

9	Project Collaboration	

10	Project Timeline	

11	Project Sustainability	

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.